

Volunteer Program Development MANUAL

by Lynelle Johnson





Volunteer Program Development MANUAL

by Lynelle Johnson



The production of this manual was
made possible by grants from:

the Aetna Foundation, Inc.,
Hartford Connecticut
and
the Office of Minority ✓
Health

FROM THE EXECUTIVE DIRECTOR

Dear Colleagues:

The history of health care for ethnic populations in the United States has tended to obscure the crucial contributions of volunteer health educators, administrators, and advocates. The importance of these "helpers", as they most often describe themselves, is magnified in the HIV/AIDS epidemic. As we move from the 1980's into the 1990's volunteer recruitment and program maintenance will become increasingly important. Volunteers will become the heart and soul of the minority community response.

A number of minority community based service programs express a need to create or expand on existing volunteer programs. As treatment abilities increase and people with AIDS (PWA's) begin to live longer, facilities to service them and their significant others will be necessary. To insure the provision of sensitive and effective services, the overall representation of ethnic minorities as volunteers will need to be increased.

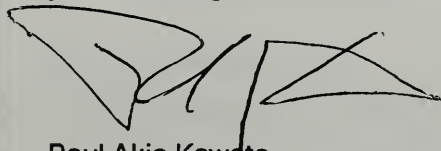
In order to achieve this increase it is evident that a coordinated and cohesive response is necessary. This effort should be characterized by increased communication between AIDS Service Organizations (ASO's) and the communities they serve, thereby insuring a unified response to the increasing need for volunteers to serve PWA's in ethnic communities.

This VOLUNTEER PROGRAM DEVELOPMENT MANUAL is designed to assist minority-community ASO's in all aspects of volunteer recruitment, deployment, and program maintenance. It will provide organizations with a frame-work through which to view organizational needs and community resources. It will prove most helpful in reducing the effects of the poor economic resources which plague health service delivery in minority communities.

Racial and ethnic minority volunteers in ASOs' should have their beliefs and attitudes about HIV disease/AIDS challenged. They should be encouraged to use their volunteer experience to increase their workforce skills, thereby increasing employment opportunities. Increased volunteerism will foster greater self-sufficiency and inspire more self-help, particularly in regard to preventative health care and education and public health policy issues among racial and ethnic minorities in the United States.

It is of the utmost importance that staffing for community-based organizations reflect the target population, increasing the level of sensitivity and understanding encountered by those seeking education, prevention, and treatment services.

This manual is dedicated to the many people of color who courageously respond to HIV disease/AIDS in their communities. I applaud your compassion and commitment. Thank you for caring.



Paul Akio Kawata
Executive Director, National Minority AIDS Council

ACKNOWLEDGMENTS

The National Minority AIDS Council extends its gratitude to the National AIDS Network, Mr. George Meza, the Canadian AIDS Society, Health Crisis Network, VITA, and BEBASHI for their insights into successful volunteer programs. Special thanks to the members of the *National Advisory Committee (NAC)* for the ***Minority Volunteer Management Program***. Without the suggestions and guidance of these important and committed individuals this document may not have been possible.

Members of N.A.C. include:

Ronald Johnson; Minority Task Force on AIDS, New York, N.Y.

Mike Connolly; AIDS Action - Boston, Boston, MA.

George Meza; Cal. State Univ., Hawthorn, CA.

Joseph Jones; EARTHTIDE, Inc., Baltimore, MD.

Diane Wysocki; San Francisco AIDS FDN., San Francisco CA.

Ken Johnson ; San Francisco AIDS FDN, San Francisco CA.

Cynthia Parker-Ohene; Kupon Network, Chicago, IL.

A special thanks to the **Office of Minority Health** and Dr. Jacqueline Bowles, without whom this project would not have been possible.

The publication of this manual was made possible by a grant from the **Aetna Foundation, Inc., Hartford Connecticut.**

TABLE OF CONTENTS

I. A history of volunteerism among ethnic minorities.

- a. A History of "Helping Out" - The cultural context of volunteerism among ethnic people in the US.

II. The need for volunteers in AIDS Service Organizations.

- a. Current and predicted needs.
- b. The changing epidemic
- c. Volunteer recruitment in ethnic communities

III.. Program planning

- a. Strategic planning for volunteer programs
- b. Finding the fit for Community Based Organizations

IV. Volunteer screening and training

- a. Methods of screening volunteers.
- b. Training for direct services.
- c. Training for non-direct services.

V. Program implementation.

- a. Deployment of volunteers.
- b. Volunteer assignment.
- c. .Review and evaluation of volunteers
- d. Volunteer dismissal.

VI. Policies and guidelines.

- a. Emotional support.
- b. The need for policies.
- c. Confidentiality and privacy issues.

VII..Organizational needs and recruitment strategies.

- a. Asian/Pacific Islander communities
- b. Native American communities
- c. African-American communities
- d. Latin Communities

VIII.. APPENDICES

- a. Application forms
- b. Assignment forms
- c. Evaluation forms

**A HISTORY
OF
HELPING OUT**

In minority communities volunteerism is a close-knit and personal obligation. Whether a member of a church group sewing blankets for the needy, the circle of mourners bringing dinner to bereaved families, or community organized soccer teams, a rich tradition of high-level and undocumented volunteerism is alive and well in minority communities. People of color refer to this as "helping out".

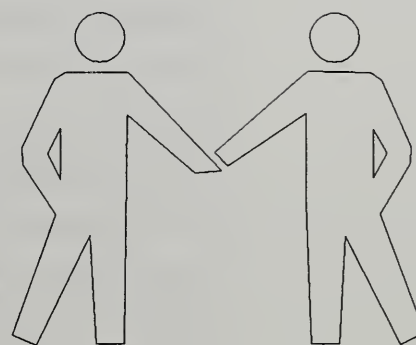
This tradition of community involvement indicates that minority communities possess a rich and as yet untapped volunteer pool. It is to these individuals that minority AIDS service organizations (ASO's) must reach out to in order to match those requesting services with those volunteering services. The goal becomes, not how to get minorities to volunteer, but how to get them to add planning, design and validation to what comes very naturally for so many individuals.

This level of altruism has been challenged with the advent of HIV disease/AIDS. Misconceptions about HIV transmission, HIV infected individuals, and the true impact of AIDS in minority communities has seriously hampered a community response. Misguided morality, compromised media coverage, mis-education, and denial has characterized both the information that minority communities receive about HIV/AIDS as well as our response to a very real crisis. These factors, in conjunction with homophobia, racism, and inadequate health education and services have set the stage for minority communities to balk at the AIDS issues.

A systematic process for overcoming the fear and stigma associated with HIV disease/AIDS will allow us to draw the necessary parallels for social and economic mobility on these issues as well. In realizing the similarities between the HIV epidemic and other social ills that plague our communities we will be able tap this altruistic attitude and channel it into an energetic front which will include contributions of time and monies.

Although this process of systematic community involvement has eluded many community based ASOs' in their quest for minority volunteers. Culturally sensitive approaches to recruitment, training, and deployment of volunteers will help assure that this is not the case.

THE NEED FOR VOLUNTEERS



**CURRENT AND
PREDICTED
NEEDS**

As treatment services increase and drug trials include more individuals, we will begin to have different needs in relation to HIV diseases/AIDS. The need for client-centered services for many minority communities will increase to equal, if not surpass that for education and information dissemination. An adequate response to current and predicted needs will demand increases in the number and diversity of people administering both direct and indirect services.

In many public health delivery organizations paid staff provides most client oriented services. Many ASO's, especially those at the local level, lack the financial resources necessary to employ paid staff or find the need so great that current staff is overwhelmed. In addition, organizations addressing health concerns of people of color are more greatly affected by budget cuts, limited funds, and changing political climates. The recruitment of volunteers is one way to minimize the effects of insufficient staff or funds.

As the gay community moved beyond denial and accepted the reality of HIV disease/AIDS gay men became mobilized, both socially and economically, to address the impact and formulate education and risk reduction strategies. Much of this work was initially accomplished without governmental or traditional health organizations. Consequently, early in the epidemic the pool of volunteers responding to AIDS reflected the community defined to be "at risk". These factors set the stage for a majority of ASO volunteers to be either white, male, homosexuals or individuals with a high degree of access to or involvement in the gay community and the information and services it provides.

Over the past four years, media coverage of the face of AIDS has changed. The incidence of HIV transmission seems to be decreasing among the gay white male population while increasing among racial and ethnic minorities and women. As HIV transmission continues to decrease among previously defined "risk groups" the percentage of U.S. AIDS cases represented by minorities will rise. Present difficulties in outreach and education for active intravenous drug users (IVDU) will also manifest themselves as increased cases among U.S.

**THE
CHANGING
EPIDEMIC**

As people of color continue to address AIDS in the coming years, volunteers will be needed for both direct and non-direct client services. Legal services within the realm of employment and housing rights will become increasingly necessary. A role in policy development and critical evaluation within the public health system, both as it responds to HIV disease/AIDS and other community health issues, will prove invaluable to all minority communities.

Advocacy for people with AIDS (PWA's) will have to address the needs of individuals receiving health care support from various sources, ranging from personal insurance policies to having no system of health care support at all. Housing issues will need to include child custody and support.

The gay community has demonstrated that monetary contributions, community organizing, and effective AIDS prevention messages accompanied by appropriate changes in behaviors will result in reduced transmission rates. This strategy, which the minority community has adopted for education and outreach, must also be adapted for client service initiatives. For many agencies this will require the development of new volunteer programs or the increased representation of people of color within existing programs.

Based on the **Centers of Disease Control Surveillance Reports**, the need for client-oriented services is particularly great in African-American and Latin communities. However, it would be highly detrimental for Asian /Pacific Islander and Native American communities to repeat the denial that occurred in the gay, African-American and Latin communities. Continued increases in the incidence of AIDS among women and an awareness of the impact of the HIV epidemic on their lives will require increased representation of female volunteers to address the issues specific to women. An expedient response to this need will further curtail transmission rates within these communities.

The following are cited as indications of the increased need for services specific to minority communities:

- * increases in the representation of racial and ethnic minorities, both male and female among U.S. AIDS cases;
- * increases in the need for and delivery of client centered services in minority communities;
- * the level of denial and subsequent need for education and prevention messages evident in many Asian/Pacific Islander and Native American communities;
- * increases in the numbers of people of color living with AIDS and in need of services specific and sensitive to their needs.

These factors, combined with increases in the ability to treat HIV disease/ AIDS and access to drug trials, strongly indicate the increased need for volunteers to serve ethnic PWA's. An increase in participation by non-white volunteers will serve to:

- * *improve the quality of services provided to ethnic and racial minorities*

VOLUNTEER
RECRUITMENT
IN
MINORITY
COMMUNITIES

- by increasing similarities between clients seeking services and an organization's human resources;*
- * *increase the number of individuals benefiting from the volunteer experience; and*
- * *expand and diversify initiatives when volunteers serve in an advisory capacity such as program planning or as board members.*

The recruitment of people of color is similar to the recruitment of any other people in the sense that ***the role of volunteering must be presented as valuable, attractive, and rewarding.*** Differences arise in the development and implementation of volunteer recruitment strategies and program maintenance. Current data indicates that the potential to volunteer is related to race, age, sex, and income and that whites are more likely to volunteer than non-whites. Although this information is accurate, data also indicates that creative recruitment strategies and program design results in increased representation of minority volunteers. In addition, organizational needs must be conducive to the needs of the volunteer so that both the organization and the volunteer benefit. In organizations providing direct client services the needs of the clients, of course, take precedence.

When recruiting in minority communities, it is important to note cultural differences and socio-economic variations. Some people cannot financially afford to give of their 'free time' without monetary or material compensation. After a 8 to 10 hour day, many heads of households in minority communities come home to another, possibly more taxing job of raising children and maintaining family structure. Therefore, it may not be feasible for a single mother of four to volunteer part-time during daytime hours or on weekday evenings. If the agency is across town, the likelihood of her contribution is further decreased.

When informing the community about your organization's volunteer needs it is important to have an accurate assessment of your organizational needs as well as community resources. A carefully planned and effectively administered volunteer program will attract volunteers of all backgrounds. An additional commitment to cultural sensitivity will ensure a representation of ethnic and racial minorities.

Although this manual addresses volunteer program development among minorities, it is apparent that variations and differences exist, both between and within different ethnic groups. Recruitment strategies must

speaking to the specific community needs and resources. Organizational needs of agencies serving the African-American community differ from those serving the Asian/Pacific Islander community. Ignoring this fact will impede the development of an effective volunteer program.

PROGRAM PLANNING



program
planning

The planning of a volunteer program should be undertaken with the same degree of seriousness as general organizational development. Successful recruitment and training of volunteers requires much more than access to people who care. Certain items must be very clear at the outset; these include:

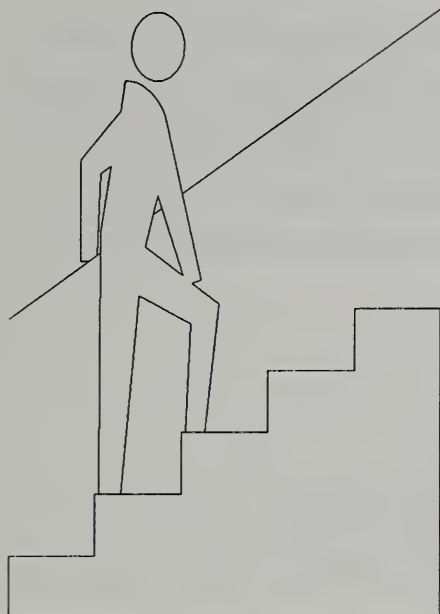
Organizational mission
Organizational goals and objectives and
Community/Volunteer resources

These three items, if viewed in concert, will be key to program design. The chart below helps clarify this process.



Although organizational missions may vary, the need for strategic planning of volunteer programs remains constant. The strategic planning process involves:

- 1] a clarification of organizational mission and the needs that arise from it and
- 2] defining what organizational needs volunteers will meet and how they will meet them.



There are five steps to strategic planning:

- * Strategic planning is an ongoing process...a way of thinking.
- * Keep plans simple and manageable.
- * Plans should not rest on support staff or consultants.
- * Good planning is characterized by creativity, innovation, and imagination.
- * Plans should include implementation guidelines, clear goals, and maintain flexibility.

Within the realm of a minority community-based response to HIV disease/AIDS, a diverse range of needs are evident. Some communities are in need of education where other communities possess effective education and outreach strategies and are finding an increased need for direct client services. Different organizations have different agendas and objectives. Effective planning and organizational collaboration helps to account for these differences and facilitates efficient community service.

An example of "finding the fit" could read:

An organization's mission is to assist in improving the lives of PWA's in the surrounding, predominately Latin, urban community by providing meals for PWA's. Funding has been provided only for groceries, meal preparation and meal transport. Since no funding for clerical and support staff exists, these represent organizational needs that must be met through volunteers. The process of recruiting, training and developing job descriptions should be sensitive to community/volunteer resources. Upon receiving completed applications the staff person assigned to the program discovers the volunteer pool consist primarily of women. Many Latinas have less freedom of movement in the late evening or night, so hours are scheduled during the morning or early afternoon. This schedule will increase the number of women who can volunteer. With creative program design, volunteers and volunteer positions can be matched. The key is to remain flexible in terms of when and how organizational needs can be met while remaining committed to the organizational mission.

As the graphic below describes, **organizational mission** is inherently related to **organizational needs** and **services delivered**. These needs and deliverables, when satisfied, lead to the attainment of goals and the realization of the organizational mission. Volunteers serve to meet specified needs of an organization and provide assistance in goal attainment. When these components come together the first step to a successful volunteer program is in place.

FINDING THE FIT



SCREENING AND TRAINING



Screening

Once successful recruitment strategies have produced a pool of potential volunteers it is time to implement the program. The best way to insure that both the volunteer and the organizations needs are met is to have some sort of screening or interviewing process followed by training sessions for committed volunteers. Effective screening and training will prove crucial not only to the successful deployment of volunteers, but also help assure ongoing commitment and aid in program maintenance.

Screening of volunteers is defined as "*the process of determining which individuals will serve your organizational needs best.* " Screening also identifies whether or not your organization can provide what the volunteer desires from the volunteering experience. As such, this is a major step in the development of your volunteer program. The screening of volunteers is usually a process which takes place over time. Initial responses to recruitment strategies, be they via telephone or in person, will provide the staff person in charge of volunteer resources the opportunity to assess certain aspects of the potential volunteer.

The screening of volunteers will prove to be ongoing, and as organizational and client needs change it may be necessary to change volunteers. For example, volunteering provides individuals with the opportunity to grow, both intellectually and emotionally, and as the individual grows the organization may no longer meet their needs as a volunteer.

When individuals respond to a call for volunteers or call in stating that they want to volunteer, then the staff person may want to set up an interview. At this time, the appropriateness of the volunteer can be assessed. The staff person may explain in detail the services the organization provides and the community that it serves. This also provides an opportunity for questions regarding time commitment, hours available, and the types of volunteer positions.

Some organizations may find it easier to distribute job descriptions and applications to potential volunteers for them to complete and return. It will become apparent in some applications that either the organization will not be able to meet the individual's expectations or that the individual will not meet the volunteer needs of the organization. In these cases, screening may take place before an initial meeting, in the same way that applicants for staff positions may be weeded out based on their resumes, prior to an interview.

Volunteering in ASO's differs from other jobs in many ways. In the role of

volunteer an individual must deal with issues of sex, sexuality, illness, and death. In organizations serving minority communities, these issues may be even more emotional. Whether an organization chooses the interview or application process, it should provide both the staff person and the potential volunteer with some specific information. Sample applications are included in the appendices as well as a list of sample questions for volunteer interviews.

- * to assess the volunteer's capacity to fill the position;
- * to determine if the volunteer will be able to work in the organizational environment;
- * to provide the volunteer with an opportunity to assess if the organization is right for the individual; and
- * to clarify the organizational mission and the volunteer's expectations.

In cases where the organization does not have a position suited to the volunteer's needs or skill level, the initial screening process may be used to make referrals. The staff person may refer the applicant to an agency in greater need of their particular skills or time availability or that is more suited to the type of position they desire. In this way community based ASO's can assist each other in locating appropriate volunteers.

Much like screening, volunteer training is ongoing. Volunteers should be kept aware of advances in HIV/AIDS services and of changes in organizational development and structure. This can be accomplished by requiring all volunteers to participate in some portions of training sessions. This will provide potential volunteers with the opportunity to talk with current volunteers about their experience in the organization. Another way this can be done is by scheduling meetings that volunteers are required to attend. These meetings should consist of an AIDS update and an update on organizational structure. Both methods will prove effective with the commitment of both the volunteer and paid staff. No matter which method the organization chooses, it is important that it utilize training strategies that reduce the need for expensive and/or difficult to locate expertise or materials.

Training

As minority communities increase their HIV disease/AIDS related services, volunteer positions will become more diverse. Individuals will be needed to administer both direct and indirect client services, as well as to serve in positions of office support staff and as board members. Although some similarities exist in the initial training for any volunteer position training for

TRAINING
FOR
NON-CLIENT
SERVICES

administrative support and “buddies” will obviously involve different techniques.

Not all ASO's offer volunteer jobs involving client contact. The organization may not provide direct services, or may not have vacancies in these positions. Training for positions such as office support should include basic AIDS information (sometimes called AIDS 101). This course should be ongoing and required of all volunteer staff, if not paid staff as well. The course should provide participants with the opportunity to explore their feelings about HIV disease/AIDS and issues such as sexuality, drug use, illness and death. The course should also provide individuals with current information on the HIV/AIDS epidemic, as it effects their community and themselves. This will also provide the foundation for the continuation of this process throughout the volunteer experience. It is important that this process take place since all staff, both paid and volunteer, will address their feelings around AIDS related issues whether they are provided with an appropriate setting or not.

TRAINING
FACILITATION

When organizing the training sessions, certain features must be included. First, there should be a mixture of sharing of information and volunteer participation. This will include AIDS 101, an organizational orientation, and reiteration of job responsibilities. AIDS 101 may be held in a group and, if possible, should include presentations by a person living with AIDS and current volunteers. Additional training specific to job responsibilities may be done in a group, if job descriptions are similar, or individually for nonrelated jobs or positions in different departments.

If the organization opts for the group approach it must secure an efficient facilitator who can keep the group moving and in focus. As individuals discuss their feelings around HIV/AIDS they may need assistance in staying focused in conversations which evoke intense emotions or prejudices.

To insure that the training runs efficiently and smoothly, the organization may want to utilize a team of facilitators. This not only serves to add variety to the training session but will provide an opportunity to observe volunteers as they exchange information, ask questions, and participate in group activities.

TRAINING
FOR DIRECT
CLIENT
SERVICES

Buddy programs, leading groups for PWAs, people with HIV disease or HIV+ individuals, and home health aids are all examples of direct client service positions. Many of the issues that will affect staff offering non-client services are magnified when administering direct services. This fact will alter the training process. Another factor affecting training for direct

services is that many different volunteers may be hired to meet different client needs. This usually means training in different skills as well as an understanding of and commitment to team work.

Training for direct services should accomplish two things: provide information and supply emotional impact. Volunteers need to be aware of current HIV/AIDS information, both medical and psycho-social. In addition, they must explore feelings they will have as direct service workers. The relationship which exists between a volunteer and a client may cause increased personalization of feelings of anger, grief, and hopelessness.

Often these training sessions are held in groups, are attended by PWAs and client service volunteers, and involve experiences such as role playing, group exercises and guest speakers. These groups provide a safe place to explore feelings which arise from client service work and an opportunity for the volunteer to confront any fears or personal issues they may have regarding HIV/AIDS. In addition, they provide the opportunity to build supportive networks, which is especially beneficial if volunteers are working as teams.

1] educating individuals on effective strategies to access the existing system or

2] providing alternative agencies where the community may obtain

TRAINING
FACILITATION

The role of trainer is even more important in training for direct services. In addition to orienting the volunteer to the agency, the trainer must also prepare them for their volunteer experience. It is important that the trainer has expertise in HIV disease/AIDS service delivery, both in terms of medical and psycho-social issues. Many organizations use community experts as trainers for two major reasons. First, it helps to solidify the division between organizational orientation, AIDS 101, and job training. For example, the position of home health aide certainly requires mastering AIDS 101, but in addition it involves mastering the skills of administering home health care, emotional and physical support, and dealing on a personal level with illness and death.

Secondly, it allows the volunteer coordinator to observe volunteers' reactions to information from current client service volunteers and their clients. It is of the utmost importance that current volunteers and PWAs be present and allowed to share their experiences. They will prove to be the most effective way of relaying both the practical and emotional issues involved with direct client services.

Although differences exist in the training of volunteers for client and non-client services certain aspects remain constant. A volunteer will always appreciate a well designed and efficiently executed training session. The trainers need confidence in their ability to adhere to a prescribed curriculum and facilitate group learning; knowledge of the basic facts of HIV/AIDS as well as the program/projects for which volunteers are needed; and experience in discussing volunteer activities in ASOs' and training/orientation strategies.

Sample training outlines are included in the appendices. However, training generally encompasses two days or less and involves various stages. First and foremost is the introduction of the trainer and an orientation to the organization. This can be accomplished by dissemination of organizational brochures, statements of purpose, history, and so on. Other materials such as information handouts, current articles, and resource lists may also prove helpful. The trainer should be prepared to share his/her experiences working for the organization and/or for AIDS services, including how one came to do AIDS work and various anecdotes. This phase of training also allows for greater clarification of organizational mission. In describing the roles of volunteers and defining job descriptions the specific responsibilities and goals of your organization will become more clear.

Training topics vary between programs, below is a list of topics appropriate for both client and non-client services.

- * AIDS 101 includes medical and psycho-social aspects of HIV/AIDS, risk reduction, safer sex, safer drug use, and transmission routes.*
- * Issues of terminal illness, death and dying.*
- * Issues of sexual practices and sexual orientation.*
- * Stress management*

(Information from National AIDS Network Technical Assistance Series - Volunteer Management.)

***P*ROGRAM *I*MPLEMENTATION**



DEPLOYMENT

The deployment of volunteers encompasses *the volunteer process from assignment to the end of the volunteer experience*. It involves assigning the volunteer to a job or client, evaluation, review, and either redeployment or termination. Although this procedure may very well be an informal process, it is crucial to the efficient running of the volunteer program and is an integral part of program maintenance.

VOLUNTEER
ASSIGNMENT

The way in which a volunteer is assigned is an important part of the volunteer program and should be decided upon prior to program implementation. Just as volunteers appreciate well-designed training and orientation sessions, they will appreciate effective, sensitive, and appropriate assignment.

The screening of volunteers provides the staff person in charge of volunteers the opportunity to decide which volunteer roles will meet both organizational and volunteer needs. If there is a position/client with which a volunteer can be matched, it is important to do so as quickly as possible. If an individual has been through the processes of recruitment, training, and orientation they are, in all likelihood, eager to begin their volunteer experience. Slow, inefficient movement by the organization in meeting this need will result in a lost volunteer and may affect future recruitment efforts. If there is no position which suits a given volunteers skills or expectations then an interim assignment or waiting list may be appropriate.

If the organization chooses an interim assignment process then the alternatives should be explained fully to the volunteer. In addition, an expectation of when the volunteer may begin performing the desired task is important. If the organization chooses a waiting list process much of the same applies. The volunteer should be made aware of the amount of time he/she may need to wait for an assignment. In addition, referrals to other agencies which need volunteers in the area of interest will also be appro-

**SPECIFIC ISSUES FOR
DIRECT CLIENT SERVICES**

Assignment of volunteers with clients is an important part of direct service programs. One of the major volunteer needs is to provide services for minorityPWAs. If the number of clients and volunteers is small, then matching of volunteers and clients based on personality and compatibility is easy and may be done informally. However, as volunteer pools grow and the organizations serves more people, this becomes increasingly difficult. The implementation of a formal process of matching is necessary. Whether this matching process is formal or informal, the issues cited below should be considered:

- * *Does the volunteer have transportation.*
- * *Is the gender or sexuality of the volunteer important.*
- * *A history of substance abuse/chemical dependency with the client/volunteer.*
- * *Ethnic background of the client/volunteer.*
- * *Language(s) spoken by the client/volunteer.*

prate. In either case, it is not appropriate for volunteers to be left on hold, or unsure of when, where and how their skills will be utilized.

Once training and assignment is completed, volunteers enjoy and deserve frequent review and evaluation. This is another point which is crucial to program maintenance and, if handled improperly, will result in lost volunteers and may affect future recruitment efforts. There are sample review and evaluation forms in the appendices. However a few crucial points will be highlighted here.

First, the organization must decide who will conduct the evaluation and how and when it will be conducted. Most volunteer programs have formal evaluations which are held at regular intervals. This process often involves both employee evaluations and volunteer self evaluations. The staff person in charge of volunteers then arranges an opportunity to discuss the information on both evaluations with the volunteer. All volunteer staff should have a file which contains application, any information on training and orientation, and all evaluations. This file will prove necessary in cases of volunteer redeployment, exit interviews, or terminations.

In some instances organizations may choose to redeploy volunteers with a recommendation that they recommit for a longer period of time, take a break, or opt for a different position. Depending on the situation, additional training may be necessary. In the instance of recommitting, the organization may make a formal request for the volunteer to reapply to the program, they may continue in the current position or choose another job. If the volunteer chooses to remain in their current position, no additional orientation may be necessary. However, if the volunteer chooses another position or desires increased responsibility in their current position, additional training should be scheduled as soon as possible.

Organizational dismissal of a volunteer is rarely a pleasant situation for anyone involved. Careful planning, clear documentation, and a comprehensive deployment/termination system make the task easier. If the organization's recruitment, screening, training, and assignment of volunteers has been sensitive and carefully planned, the need for volunteer dismissal is greatly reduced.

As stated in the section on volunteer evaluation, this is an area where the *volunteer's job file* is important. Documentation of volunteer or organizational dissatisfaction is helpful if the process is to proceed smoothly. This file should be present at the exit interview. Both the staff person in

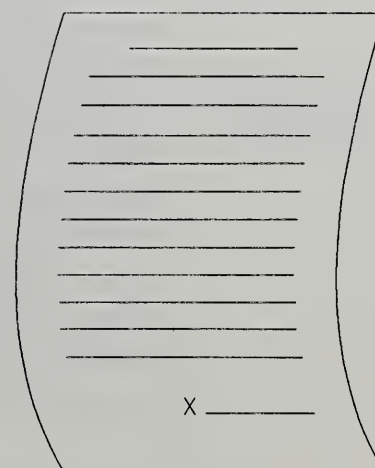
**VOLUNTEER
REVIEW AND
EVALUATION**

**REDEPLOY-
MENT**

**VOLUNTEER
DISMISSAL**

charge of volunteers and the volunteer must be given the opportunity to discuss the volunteer's experience and appropriate options to continued service in the current organization. Sometimes the volunteer may need to be referred to another agency that will better meet the volunteer's needs. Other times the individual may be inappropriate for volunteer work in HIV/AIDS-related services. It is important that the staff person in charge of volunteers be aware of these factors, as they should not refer an inappropriate volunteer to another HIV/AIDS service agency or waste the volunteer's desire and skill simply because they are not useful in their organization. A good component to include in the exit interview is an organizational/program evaluation which is completed by the volunteer. This evaluation will provide the volunteer with the opportunity to clarify her/his volunteer needs and provide the organization with ideas to improve its volunteer program.

POLICIES AND GUIDELINES



COMMUNICA-
TION

Open communication is the most crucial component of program maintenance. Once the volunteer has completed the training sessions and received her/his assignment, regular contact and communication with the organization is very important. For many organizations, volunteer newsletters serve this role. This method of communication, via mail or employee boxes, is highly effective for volunteers who do not work in-house, such as home health aides, buddies, or outreach workers. The volunteer newsletter is a good and appropriate place to announce training, new volunteers, organizational decisions, and new programs, and to say good-bye to volunteers that are leaving. Whatever mechanism an organization chooses to communicate with its volunteers, it is imperative that this process take place.

EMOTIONAL
SUPPORT

Working in AIDS services, be they direct or indirect, is a stressful and sometimes confusing environment. The issues which HIV/AIDS forces individuals to deal with are very emotional. This applies to both paid and volunteer staff. Although direct client services may be more stress-inducing, there is no reason to believe that office support volunteers are not in touch with the stresses of AIDS-related work. Lending emotional support and staying abreast of the way in which the volunteer is dealing with these stresses will prove invaluable to the program. Many ASO's provide support groups for both paid and volunteer staff. In agencies providing direct services this consistent support is critical to maintaining performance and morale.

The best way to insure volunteer participation in support groups is to:

- 1] require that the volunteer attend as a part of their job responsibilities, and**
- 2] make the volunteer aware that this requirement exists during the volunteer interview or orientation.**

Emotional support is crucial to volunteer maintenance and should never be compromised. While some organizations may hesitate to take more of the volunteers' time, and some volunteers, especially ones who have performed in ASO volunteer positions before, may feel consistent support is not necessary, it is the responsibility of the staff person in charge of volunteers to stress that it is.

Some organizations choose to have monthly meetings, with a rap group format where volunteers can discuss emotions relevant to their job assignment. Other agencies, particularly those serving PWA's may want to employ a trained psychotherapist to help volunteers deal with

emotions such as anger, loss, grief, and hopelessness, all of which are common responses to issues of illness, death and dying.

An organization must have policies, defined as "*a decided process for implementation*" and without them both volunteers and paid staff suffer. Due to the nature of the AIDS epidemic and the rapid growth experienced by most ASO's there exists the need for set principles which guide organizational decision making and program design and implementation. There is no substitute for carefully planned and clearly defined policies and procedures.

Policies and guidelines should include a clarification of organizational mission, target audience and program goals and objectives. In terms of organizational mission, the organization must provide a clear definition of the need the organization is responding to. This information should be available to the individual before she/he makes a commitment to volunteer. A vague or incomplete mission will result in confusion and the possible loss of volunteers. Organizational mission can be related in a printed Statement of Purpose, which can be discussed during the initial interview, included in volunteer job applications, or handed out at volunteer training. This Statement should include information on who the organization serves, how and why they serve this target group, and what will be accomplished in meeting these expressed needs.

Due to the psycho-social and political climate which surrounds HIV disease/AIDS and related services, confidentiality and privacy issues become critical to organizational and program success. Since confidentiality is most often breached by casual conversation it is important that staff, both paid and volunteer, be discouraged from discussing clients and intra-organizational information in open conversation. Breaches of confidentiality may cause damage to agency reputation, volunteer-agency relationships, or more importantly the well being of the client.

Community based organizations tend to have a rather symbiotic relationship with the community. The organization often commits to meeting one or more community needs and then depends upon the community to provide some degree of human resources. As such, the life of the organization is inherently linked with the perception the community has of the organization's agenda. Although most community-based organizations would like to meet all of the community's needs, there are few agencies that can in reality accomplish this. Therefore it is the responsibility of organizational program planners and administra-

**THE NEED
FOR
POLICY**

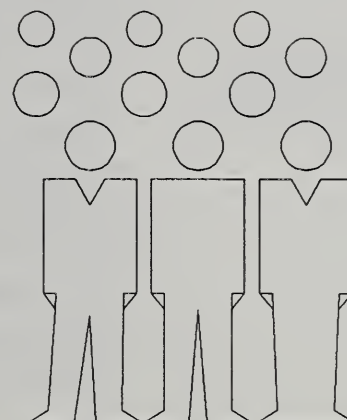
**CON-
FIDENTIALITY
AND
PRIVACY
ISSUES**

tors to commit to meeting some needs and remain firm and focused in this commitment. In light of these factors, an organization must remain in good standing with the surrounding community and confidentiality plays a key role.

When volunteers or paid staff take it upon themselves to discuss specifics of intra-organizational decisions or information on paid or volunteer staff the level of trust between individuals is decreased. A high degree of trust is beneficial to good working relationships and necessary to organizational development and focus.

The issue of confidentiality is extremely important when the organization offers direct services to PWA's. In fact, the confidentiality of client identity and client services is crucial enough that it should be a clearly spelled out policy to which the organization is committed. This means that there should be no exception to or deviation from strict confidentiality. Even "innocent" remarks regarding client identity, residence, or place of employment may result in termination of the individual's job or living arrangement. The contract of confidentiality should be understood fully by all paid and volunteer staff as well as the clients the organization serves. Any changes or alterations in confidentiality policies and guidelines should be discussed with all staff and clients so that everyone is aware of the current policy.

RECRUITMENT STRATEGIES



THE ASIAN/PACIFIC ISLANDER COMMUNITY

POTENTIAL NEED FOR VOLUNTEERS

Asian is a term used to define groups with origins in more than twenty countries, with a variety of traditions, languages, and religions. Some Asians are refugees from countries that have experienced recent political upheaval and/or war. Consequently, their experiences are similar to those of other refugees. For example, they may be low-income, undocumented, and lack English language skills (NMAC Report on AIDS and Ethnic Minorities, 1987). Often there also exists a diversity in the degree of assimilation into the dominant culture, from non-assimilated to highly assimilated. A strong cultural identification coupled with any or all of the aforementioned barriers reduce the likelihood of some portions of the Asian community receiving current AIDS education/prevention messages. This lack of access along with a perception of not being affected by HIV disease/AIDS places the Asian community at risk.

It is true, based on CDC reports, that the incidence of AIDS is relatively low among Asian people. However, the incidence was once low among other groups that currently exhibit steady increases in numbers of AIDS cases. Asian communities in the US are moving to respond to this very real threat. Many need to focus on education and prevention messages, informing the community that HIV/AIDS is an issue that must be addressed. In some instances this can be done across the different cultures, in other instances messages and outreach strategies must be even more specific.

GAY AND BISEXUAL MEN

Gay and bisexual Asians are a minority within a community that already suffers the repercussions of low visibility. Because of the conflict between individual's choices and community expectations, many gay and bisexual men do not identify with the gay community; they consider themselves members of the Asian community. So like many other minority men, education and prevention messages targeted at the gay community are not internalized by these individuals. The potential risk of "having sex with other men" and transmission of HIV within their communities is not always perceived as a threat.

INTRAVENOUS DRUG USAGE

Although sexual intercourse is the primary mode of HIV transmission, the sharing of needles during intravenous drug use (IVDU) is another major route, especially in heterosexual populations. This fact is magnified among ethnic minorities in general. According to the Report of

the Secretary's Task Force on Minority Health (1987) it is less devastating among Asian/Pacific Islanders.

There exists relatively limited data on the incidence of IVDU among Asians. The available data suggest that it is lower than among other ethnic minorities and whites. The data is obtained by assessing the ethnicity of individuals presenting themselves for treatment. This factor, when combined with the low rate with which Asian refugees access US public health agencies, does not allow definitive conclusions to be drawn regarding intravenous drug users within the Asian community.

It is important to note that in the Asian community, both refugee and non-refugee, IVDU is more prevalent among women (Report of the Secretary's Task Force on Minority Health (1987)). This will undoubtedly affect rates of peri-natal transmission. In addition to higher levels of IVDU, Asian women are also at risk for HIV via sexual transmission. Much like in other communities, the male power structure which exists in society also manifests itself in male-female interpersonal relationships.

When reading information regarding the incidence of AIDS diagnosis in the Asian community there is a tendency to feel that the numbers are small. Although the documented incidence of AIDS in the Asian community is low by comparison to the gay males, there are Asians with AIDS. There is as yet no determination of how many Asians are HIV infected, and there is little information on the level of risk behaviors of many Asian individuals.

Education and outreach in the Asian community will be a primary goal of volunteer programs, especially those targeting non-assimilated individuals. This statement *is not* to suggest that client services are not major issues as well, quite the contrary. As has been demonstrated in the gay, African-American, and Latin communities, inadequate education and prevention messages eventually manifest themselves in increased incidence of HIV transmission and thus increases in the incidence of AIDS.

The issues cited here make it apparent that increased inquiries into HIV disease as it impacts on all aspects of the Asian community are necessary and implies a need for education and prevention messages, advocacy for PWA's, and client-centered services, all possessing a high degree of sensitivity to many different cultures and languages. There exists an obvious and pressing need for Asian volunteers.

**RECRUITMENT
STRATEGIES**

In designing recruitment strategies for the Asian community, the distinctions between different Asian cultures and the relationships between them should be clear, both in terms of who the organization serves as well as the type of volunteers desired. If the project is serving Filipino women then Chinese male volunteers should be, and probably are, deemed inappropriate. Although, as cited, there exists a diversity among Asians that is not evident among some other ethnic groups similarities do exist. Some common cultural traditions that exist in the varying Asian/Pacific Islander communities are a strong religious identity and a high level of respect for family. Although there is diversity in religious identity the Asian community tends to identify quite readily with information and advice which is delivered via religious leaders. Much like we find among African-Americans and Latinos, the inclusion of religious institutions in all aspects of responding to HIV disease/AIDS in this community will prove valuable. In contrast to some western religious principles, many Asian religions do not condemn homosexuality. Therefore, when including the religious community in education and services, the primary issue is not homophobia as it relates to religion but, the conflicts between this life-style and expected family roles.

**Factors which facilitate successful recruitment
of Asian volunteers:**

- *A high degree of sensitivity to and awareness of the diversity of Asian cultures.
- *Programs or projects which are either supported by or affiliated with religious organizations will facilitate a positive response to volunteer position announcements.
- *If the program is serving more than one ethnic group bilingual recruitment and training materials are helpful, if not necessary.
- *A sensitivity to the differences between individuals which result from language and economic barriers, and legal status, such as documented, undocumented, or citizens.

THE NATIVE AMERICAN COMMUNITY

Native Americans include American Indians, Aleuts, Alaska Eskimos, and Native Hawaiians. Information is not equally available on all Native American communities and is more accessible on American Indian communities than any other group.

American Indians constitute about seven-tenths of one percent of the U.S. population. These relatively low numbers, combined with other factors, make it difficult to acquire definitive health-related statistics. National health services tend to assess American Indians not living on reservations, about 68 percent, and Indian Health Services tend to provide information on individuals living on reservations, about 30 percent. This division works to prevent the formulation of a valid assessment of the health status of American Indians. When the inquiry becomes AIDS specific facts become even more evasive.

The American Indian community suffers from a wide variation in community needs concerning HIV disease/AIDS. Some specific differences encountered when providing education and client services to American Indian populations are a reliance on a holistic approach to health care and an attachment to family, tribe, and the land itself. These factors must be understood by and incorporated into organizations and materials targeting the American Indian population, especially those individuals who reside on reservations and/or exhibit a greater identification with traditional practices.

Among U.S. AIDS cases the CDC reports that over 60 have occurred in Native Americans. Although these individuals are represented in all transmission categories, they are disproportionately represented among IVDUs. This indicates that there exists a great need for educational materials addressing risk reduction for IVDU. Researchers report that American Indians are twice as likely to present themselves to drug treatment agencies than whites. In fact, American Indians seek drug treatment at a rate twice that of the white population. Of the American Indians presenting themselves for treatment 45 percent cite heroin as their primary drug, for those over 25 years old the incidence rises to 83 percent.

The incidence of diabetes mellitus is high among American Indians, and reports state that IVDUs will share needles with a diabetic family mem-

**POTENTIAL
NEED FOR
VOLUNTEERS**

**INTRAVENOUS
DRUG USERS**

**RECRUITMENT
STRATEGIES**

ber. This provides a greater opportunity for transmission of HIV into the non-IVDU community in ways not commonly encountered in other populations. Therefore, information and outreach on safe needle use targeted for this community should not be limited to illegal drug use. As is seen in the Asian community, differences within American Indian communities are often reflected in degree of assimilation into the dominant culture. Many practices and mores which are present in the dominant culture are in direct contrast to American Indian culture. Therefore cultural sensitivity is very important in the training and deployment of volunteers. Recruitment strategies must reflect this need by being creative, flexible, and vigorous.

**Factors which facilitate successful recruitment of
American Indian volunteers:**

- *A sensitivity to the practices, beliefs, and mores of different tribes.
- *An awareness of the different levels of assimilation of individuals currently living on reservations, in rural areas, and in urban communities.
- *An incorporation of a holistic approach to service delivery with proper inclusion of family and tribe.

THE AFRICAN-AMERICAN COMMUNITY

The African-American community has mobilized against HIV transmission on many fronts, primarily education and outreach. However obstacles such as homophobia and denial continue to impede progress. Many members of the African-American community continue to consider AIDS a disease which affect *"groups of people"* as opposed to one which results from an individual behaviors.

Many ASOs serving the African-American community are realizing that the need for client-centered services is increasing while the need for education and prevention messages has begun to decrease. There currently exist a large number of HIV/AIDS information materials targeted for the African-American community and many community leaders state there is no need for "another AIDS brochure". In contrast, many agencies addressing the impact of HIV/AIDS cite services for HIV positive individuals as a crucial missing link in the African-American community response.

This decreased need for education programs does not apply across the total African-American community. Problems persist in areas of outreach and education for the active IVDU community as well as women and youth. As a result, the African-American community is faced with the need for varied levels of education and client services for many diverse groups: IVDU, women, and youth, as well as a cohesive response to increases in pediatric AIDS cases.

Many individuals in the African-American community, as well as other ethnic communities, have had a series of negative experiences with public health delivery agencies. As a result, there exists a basic distrust, and subsequent hesitancy to seek services. The African-American community may combat this in different ways:

- 1] educating individuals on effective strategies to access the existing system or**
- 2] providing alternative agencies where the community may obtain sensitive and adequate health services.**

The design and implementation of either or both of these alternatives will require increases in volunteer involvement.

**POTENTIAL
NEED FOR
VOLUNTEERS**

**The need
for
education
and
outreach**

**RECRUITMENT
STRATEGIES**

The two most crucial components of a successful plan to recruit African-American volunteers are a well-designed program and organizational reputation. A well-designed program will be sensitive to the cultural and socio-economic diversities inherent in the African-American community. For example, the program should be accessible to working mothers, college students, youth, and young adults. Recruitment strategies, job descriptions, and hours requested must reflect this sensitivity.

Although the African-American community has a long history of community involvement, volunteering outside of the community is not as common. Therefore, volunteering in agencies outside of the immediate environment, national organizations, or traditionally white organizations may be a new experience for the African-American volunteer. Advertisements or announcements of volunteer programs/positions must reflect the high level of organizational desire for African-American volunteers.

Community service in the African-American community has often been in response to an obvious need. Many times the African-American community has rallied around an issue or a cause simply because the need to do so was so great. Many mainstream African-Americans do not feel or will not admit that HIV disease/AIDS presents a crisis in their communities and a humanitarian value system does not, by necessity result in a desire to volunteer. Denial is a major obstacle to change and the natural tendency to "*help out*" must be stimulated and cultivated via appropriate recruitment. Therefore, the need for African-American volunteers and information regarding the number of African-American people affected by HIV disease/AIDS must be stressed in volunteer recruitment and training strategies.

Data addressing the recruitment of African-American volunteers state that, when compared to whites, African-Americans initially feel less confident about their own abilities and the value of their contributions. These feelings manifest themselves in a hesitancy for volunteer contributions outside of the community. Consequently, volunteer job-descriptions, as well as the image of the program must reflect the desire for varied types and levels of skills. It must be clear to potential volunteers that the contributions and skills they possess are valuable and in high demand. This validation must be ongoing and be reflected in all levels of the volunteer process, from recruitment to evaluation.

The most effective recruitment strategies to attract African-American volunteers relay the desire and need for African-American volunteers. In

addition they provide information which assures the individual that she/he is qualified for the job. When these factors are present, the likelihood of a volunteer commitment is increased.

**Factors which facilitate successful recruitment of
African-American volunteers**

- *Recruitment messages should express the need as well as the desire for volunteers.
- *Messages should be explicit, with full job descriptions.
- *If the organization is not currently known by the community then a well-known and respected spokesperson may be necessary.
- *Sensitivity to the diversity of the African-American community, differences that exist in terms of socioeconomic status and sexuality.
- *The African-American community is represented in all transmission categories and if client services target one group then recruitment strategies should be specific to the target population.

THE LATIN COMMUNITY

POTENTIAL NEED FOR VOLUNTEERS

The needs for AIDS related services in the Latin community are similar in many ways to those found in the African-American and Asian communities. Much like the African-American community, the Latin community has been relatively successful in terms of outreach and education. AIDS information exists in both English and Spanish and many Latino/a individuals are aware of how HIV is transmitted and how HIV disease/AIDS affects their communities. This awareness has resulted in some behavioral changes, although this is not seen throughout the Latin community. The incidence of AIDS is increasing among Latin people.

INTRA- VENOUS DRUG USE

Although many individuals in the Latin community are aware of these issues, acting on this awareness and viewing the issue outside of its affects on gay men and IVDU's is thwarted by denial and homophobia. Some Latino men who have sex with other men never identify with the gay community. They do not access the AIDS information and services targeted to this community and may persist in believing that HIV is transmitted via "*sex between gay men*" and that infrequent sexual contact with other men is somehow not as risky. This type of denial has the effect of increasing the number of women, as well as heterosexual men, exposed to HIV.

The Latin community also experiences a significant level of HIV transmission via IVDU needle sharing. In fact, as of May 1989, IVDU was the cited risk factor in 38 percent of Latino males and 54 percent of Latina females diagnosed with AIDS. Additionally, 34 percent of the Latina women with AIDS contracted HIV via sexual contact with high risk men. These factors indicate that more education and outreach is necessary for the Latin community, especially addressing IVDU and heterosexual transmission.

As with the Asian community, Latin communities are not a monolith, but are represented by various and diverse cultures. Important distinctions exist with respect to Cubans, Puerto Ricans, Mexican Americans, South Americans, Central Americans, and Spanish. Some Latino/a individuals are from countries experiencing political upheaval or war, and many of these individuals are undocumented and therefore remain outside of mainstream service agencies. Language barriers and varied degrees of assimilation present additional obstacles to the provision of sensitive and effective AIDS related services.

The Latin community exhibits dual needs for AIDS services. On the one hand there exists a need for education and outreach to specific groups within the Latin community, these include bi-sexual men, women, youth, undocumented persons, and active IVDU. On the other hand, the need for direct services for various individuals, including women, infants, and undocumented persons which presents a unique challenge. This need for "dual-service delivery" will require a high degree of human resources. Individuals providing these services must be aware of and sensitive to both the obvious and subtle differences found in different ethnic groups, as well as those which present themselves within the Latin population. This need may be best met by Latina/o volunteers offering assistance in both areas of education and client-services.

**RECRUITMENT
STRATEGIES**

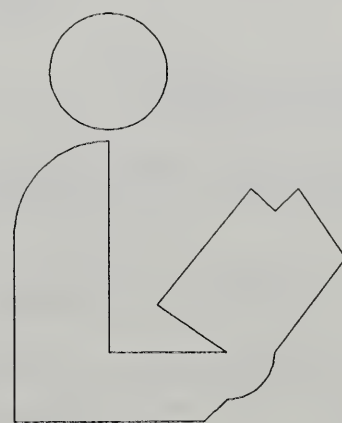
In designing recruitment strategies for the Latino community the distinctions between sub-populations should be clear, both in terms of who your organization serves as well as who they desire as volunteers. If the clientele of the Buddy program is 80 percent Puerto Rican it will prove inappropriate to outreach to Mexican Americans.

Certain cultural characteristics are common to many Latin persons such as the use of the Spanish language and large or extended families. Recruitment strategies should take into consideration the need for bilingual materials. In addition, numbers of potential volunteers will likely increase with the inclusion of programs for youth and elderly people. Finally, and perhaps most important is the importance of the church in community activities. Many Latin Americans are Catholic, however this may vary with nationality and economic status. Although adult males may be less connected to the church, younger males and females are typically more active. Church-sponsored or supported programs are often more attractive to the community at large. Additionally, females and youth experience more freedom to respond to or participate in church-related events or programs.

**Factors which facilitate successful recruitment of
Latin persons:**

- *A sensitivity to differences between Latin individuals in terms of degree of assimilation, language and socioeco-nomic status, as well as ethnic background such as Cuban or South American
- *Programs which are sponsored or supported by the church may be more easily accepted by the community.
- *A sensitivity to legal status such as documented, undocumented or refugee status.

APPENDICES



MINORITY AIDS PROJECT

VOLUNTEER INFORMATION

DATE: _____

NAME: (Ms.) (Mrs.) (Mr.) _____
(Last) (First) (Middle)

SIGNIFICANT OTHER'S NAME: _____

ADDRESS: _____ City: _____ Zip _____

PHONE: Home _____ Business _____ Birthdate _____

MARTIAL STATUS: _____ Occupation: _____ So's: _____

ARE YOU A STUDENT? Yes ___ No ___ If so where? _____

CHILDREN: Yes ___ No ___ If Yes, How Many? _____ Age(s) _____ Babysitting Available _____

LANGUAGES SPOKEN: _____ Do you sign? _____

HOURS AND DAYS AVAILABLE FOR SERVICE:

Please fill out the attached VOLUNTEER SCHEDULE

INTEREST, SPECIAL TRADES, SKILLS, HOBBIES:

Booths ___ Carpentry ___ Clerical ___ Cleaning ___ Cooking ___ Counseling ___ Crafts ___
Delivery ___ Filing ___ Fund Raising ___ Gardening ___ Hair Care ___ Mailing ___ Maintenance ___
Metals ___ Odd Jobs ___ Painting ___ Photography ___ Plumbing ___ Public Speaking ___
Reception ___ Research ___ Telephoning ___ Tree Trimming ___ Typing ___ Updating ___
Visitations ___ Yard Work ___ Word Processing ___ Xeroxing ___ Other _____

WHY DO YOU WANT TO VOLUNTEER?

HOW DID YOU FIND OUT ABOUT OUR VOLUNTEER SERVICES?

DRIVER INFORMATION:

Do you drive? Yes ___ No ___ Driver's License NO. _____ Expiration Date _____

Do you have car/truck available? Yes ___ No ___ Other _____ Capacity of passengers _____

Automobile Insurance Co. _____ Name of Agent _____ Phone # _____

Policy # _____ Coverage, Property Damage: _____ Expiration Date _____

Public Liability: _____ Collision: _____ Medical _____

MAJOR SUBJECT STUDIED IN SCHOOL: _____

OTHER COURSES OF TRAINING YOU THINK WOULD BE RELEVANT: _____

WHAT IS YOUR CURRENT JOB, IF EMPLOYED: _____

PREVIOUS EMPLOYMENT: _____

LIST ANY ORGANIZATIONS OF WHICH YOU ARE AN ACTIVE MEMBER: _____

NAME AND ADDRESS OF TWO REFERENCES NOT RELATED TO YOU:

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

PERSON TO CALL IN CASE OF EMERGENCY:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

COMMENTS: _____

NATIONAL NATIVE AMERICAN AIDS PREVENTION CENTER

Hotline Volunteer Data Form

Name: _____ Sex: Male Female

Occupation: _____

Address: _____

Employer: _____

Home Phone:() _____ Work Phone:() _____

Hotline Shift: _____

Please circle any shifts you could work on an Emergency Basis:

<u>MON</u>	<u>TUE</u>	<u>WED</u>	<u>THUR</u>	<u>FRI</u>
9-1	9-1	9-1	9-1	9-1
1-5	1-5	1-5	1-5	1-5

Your Training Date is MAY 6, 1989

In Case of Emergency Contact: _____

Home Phone:() _____

Work Phone:() _____

The following information is voluntary:

Education Level: _____ Major: _____

Ethnic Background: _____

Date of Birth: _____

BERASHI
Blacks Educating Blacks About Sexual Health Issues
Volunteer Information & Interest Form
Please complete the Appropriate Relevant Information.

NAME _____

HOME ADDRESS _____

CITY _____ ZIP _____ PHONE _____

NAME OF EMPLOYER _____ POSITION OF TITLE _____

CITY _____ ZIP _____ PHONE _____

ADDRESS TO WHERE MAIL SHOULD BE SENT _____ HOME _____ BUSINESS _____

BIRTH DATE _____
SEX _____
RACE _____

IF YOU WOULD LIKE TO BE TRAINED TO ASSIST OUR COMMUNITY THROUGH BERASHI'S COMMUNITY EDUCATION PROGRAMS, PLEASE INDICATE THE AREA IN WHICH YOU WOULD MOST LIKE TO VOLUNTEER.

Outreach _____ Office _____

General Community Outreach

A broad community outreach project which includes workshops, presentations, and seminars to civic and social associations, churches, schools (public, private, trade/vocational, universities, sororities, and fraternities), community centers and neighborhood associations; health fairs; professional associations, and community advocacy organizations. Panel discussions are offered, basic AIDS information is distributed and discussed, and usually condom distribution is included.

Office Work

Answering phones, typing, assist in the preparation of newsletter mailings, meeting preparation (including room set-up, telephone calling) assist in preparation for special events, bleach bottle and packet preparation, door-to-door outreach work, perusing newspapers and other printed materials for AIDS articles and information, assignment to a project manager for tasks not outlined.

PLEASE INDICATE THE DAYS AND TIMES YOU ARE AVAILABLE TO VOLUNTEER.

DAYS: _____

TIMES: _____

Please Print

National Minority AIDS Council

Volunteer Application

DATE _____

NAME _____

ADDRESS _____

CITY _____ ZIP _____

DAYTIME PHONE () _____

EVENING PHONE () _____

WHERE DO YOU WORK? _____

OCCUPATION _____

EDUCATION:

Please list all majors / degrees	HIGH SCHOOL _____	GRADUATED: YES NO
	COLLEGE _____	GRADUATED: YES NO
	POST GRAD _____	GRADUATED: YES NO
	TRADE _____	GRADUATED: YES NO

TIMES AVAILABLE {CIRCLE APPROPRIATE RESPONSE} DAY EVENING WEEKENDS

HOW DID YOU HEAR ABOUT NMAC? _____

WHY DO YOU WANT TO VOLUNTEER? _____

HAVE YOU EVER DONE ANY PREVIOUS VOLUNTEER WORK? YES NO
IF YES, PLEASE LIST THE ORGANIZATIONS AND TYPE.

WHAT DID YOU ENJOY MOST ABOUT YOUR PREVIOUS VOLUNTEER EXPERIENCE?

WHAT DID YOU DISLIKE THE MOST?

WHAT IS YOUR LEVEL OF HIV/AIDS KNOWLEDGE?

Very High High Moderate Low Very Low

HAVE YOU HAD ANYONE CLOSE TO YOU AFFECTED BY HIV/AIDS? YES NO

IF YES, WHEN? _____

HOW WERE THEY AFFECTED? _____

WHAT WAS THEIR RELATIONSHIP TO YOU? _____

WOULD YOU ATTEND AN AIDS 101 AND NMAC ORIENTATION? YES NO

WILL YOU BE ABLE TO TRAVEL? YES NO

FOR WHAT LENGTH OF TIME CAN YOU VOLUNTEER? 1 MONTH 6 MONTHS 1 YEAR

PLEASE USE THE SPACE BELOW TO INCLUDE ANY OTHER INFORMATION THAT YOU FEEL MAY BE USEFUL.

MINORITY AIDS PROJECT
HEALTH EDUCATION AND OUTREACH VOLUNTEER STAFF

Name _____ Date _____

Address _____

Do you have a car to use? _____

Work Phone () _____ Can we contact you at work? _____

Home phone () _____ Hours _____

Occupation _____

Are you currently employed? Yes _____ No _____ If Yes, hrs. wk. _____

Availability: Day hrs. _____ Evening hrs. _____ Weekend hrs. _____

Skills/Experience/Hobbies/Special Talents:

___ Typing	___ Artist	___ Counseling
___ Computer	___ Photography	___ Fund Raising
___ Word Processing	___ Performing Artist	___ Recruiting
___ Writing	___ Public Speaking	___ Teaching
___ Graphic Arts	___ Research	___ Other

Languages

Spoken: _____ Written: _____ Read: _____

Do you hold a license in any occupational field? Yes _____ No _____

If Yes, what kind? _____

Have you had any AIDS education training? Yes _____ No _____

If yes, where & when: _____

Are you willing to commit to 4-6 weeks of AIDS Ed. Training with M.A.P.? _____

How did you hear about the Minority AIDS Project Health Education volunteers? _____

Are you interested in being: (Check)

Speakers Bureau Volunteer _____

Special Events Assistant _____

Information Booth Volunteer _____

Bar Outreach Volunteer _____

In-Service Seminars Outreach Volunteer _____

Outreach Distributor of Ed. Brochures _____

Community Intercept Volunteer _____

Additional Comments: _____

SEBASHI VOLUNTEER ACTIVITIES

Education Project - Specific Training.

Home parties, newsletter, bilingual

- Children and Youth Education Project
- Women and AIDS Education Project
- Drug Outreach Project
- Low Income Housing Education Outreach Project
- Brother-to-Brother Education Outreach Project

Volunteer Office Staff

Office activities

- Assist with word processing, filing, photocopying, inventory and supplies, frequent mailings
- Information and referral
- Counselling Intake Program

Development

Special events including the "Walk of Life," "Super Sunday"

- Fund raising
- Thank You squad - requires a good dose of high spirits, ensures that each donor receives a personal thank you note
-

Volunteer Resources/Services

Volunteer educators organize open house, monthly events calendar, volunteer appreciation events, and develop CEP for volunteers

Ecumenical Interfaith Information Center

Provide ministry and spiritual support from a variety of backgrounds and beliefs to those whose lives are touched by AIDS. Offerings include individual and family counselling, retreats, healing services, and educational outreach to local religious groups

b

VOLUNTEERS

There are six essential areas where volunteers are needed:

Low income housing, Women and Aids, Children & Youth, Drug Abuse, Brother to .
Bother, & Office Assistance.

You as a volunteer would assist in any of the following basic areas:

Health Fair Tables; setting up booths with our brochures, & condoms.

Assisting in our office: Typing, copying, answering phones, filing, ,
and other related office activities.

Becoming a part of our speakers Bureau.

Outreach projects: which include home parties based at volunteers home,
with friends & family,
Distributing survival kits, pamphlets both on
the streets, from door to door, shopping malls
bars ect.

Helping with news letters.

Fund raising efforts: for example; Walk of life, personal donations, along
with any input you can offer.

Additional training will be given in specialized areas.

NMAC VOLUNTEER SKILLS ASSESSMENT

NAME _____

I SPEAK THE FOLLOWING LANGUAGES: _____

IN MY FREE TIME I LIKE TO: _____

I POSSESS THE FOLLOWING SKILLS:

TYPING

EDITING

WRITING

GRAPHICS

CARPENTRY

COMPUTER

NEWSLETTER

COUNSELING

FUND-RAISING

ADMINISTRATION

INTERVIEWING

PUBLIC SPEAKING

WORD PROCESSING

ACCOUNTING/BOOKKEEPING

PROPOSAL WRITING

PROGRAM MANAGEMENT

OTHER (Please List)

FURTHER EXPLANATION OF COMPUTER OR TYPING SKILLS. _____

FURTHER EXPLANATION OF WRITING, EDITING, AND/OR GRAPHIC SKILLS. _____

The National Minority AIDS Council needs volunteers to serve the following functions, please review and list your first three choices in the spaces provided above.

1) EXECUTIVE SECRETARY (E.D./E.A.): Deals with correspondence and filing for both the executive director and the executive assistant. This individual(s) will be requested for the 2nd and 3rd shifts.

2) ADMINISTRATIVE ASSISTANT (DIR. OF ADMIN./FINANCE): Deals with filing, fund raising/development task, and research pertaining to fund-raising possibilities, development issues. This person will also assist in meeting proposal deadlines - performing task such as collating pages. This person will be requested for both 2nd and 3rd shifts.

3) RECEPTIONISTS: Responds to phone, mail, request for general NMAC/AIDS information, mail general information packets. These persons will be requested for the 2nd and 3rd shifts. Duties outlined as follows:

(2ND SHIFT) : Phone, Mail, Reception, Responds to general NMAC/AIDS information request..

(3RD SHIFT) : Same as above with additional responsibilities of as well as coordinating use of reading/resource room. This additional responsibility is feasible due to reduced phone and reception duties during these hours.

4) DATA ENTRY/MEMBER SERVICES: Deals with member/information mailings and updating of data base. Member services may include responding to publications request on some or all levels. This person will be requested for the 3rd shift.

5) (3) COMMUNICATION/MEDIA PROGRAM ASSISTANT: There will be three persons involved with this facet of the volunteer pool. We will request two writers who will complete their task either off-site or on-site, and will be requested for any/all shifts. These persons will perform some writing duties as well as research for editorials, the NMAC Update, and the H.E.A.L Newsletter, an additional person will be responsible for correspondence, filing, and other office/clerical duties associated with this department. This 3rd person will be on the 3rd shift.

6) RESOURCE/ARCHIVES: Deals with cataloging, research, responding to TA request as well as staffing of the reading room. This person will be on the 3rd shift.

7) ADMINISTRATIVE ASSISTANT FOR PROJECT H.E.A.L: Deals with the filing and some correspondence specific to the project. This person will be on the 2nd or 3rd shift..

8) ADMINISTRATIVE ASSISTANT FOR TECHNICAL ASSISTANCE PROJECTS: Responsible for the filing and some correspondence specific to projects. Will also assist the Volunteer Coordinator with managing the NMAC volunteer pool.

AIDS PROJECT LOS ANGELES VOLUNTEER ORIENTATION AGENDA

(as of July 11, 1988)

Background music...

All participants are to receive a name tag, manila envelope (to keep) and job description booklet (to review and return). People are to be checked in on orientation roster. Encourage people to begin to review job descriptions.

- 1:00 p.m. Facilitator identifies self (first and last name and position at APLA), welcomes participants and asks them to give their full name and occupation. [Indicate location of rest rooms.]
- 1:05 p.m. VIDEO: Dan Morin welcome and set up of networking exercise.
- 1:10 p.m. Facilitator arranges participants into groups of 3 or 4 depending on total size of group.
- 1:25 p.m. VIDEO: Dan Morin post-exercise comments, intro of Elizabeth Taylor CTL-II comments, ET comments, DM post-ET comments, intro of AIDS video, AIDS video, DM post-AIDS video comments and announces 1st break.
- 1:55 p.m. B-R-E-A-K (background music)
- 2:10 p.m. Facilitator reforms participants into original groupings to discuss AIDS video. Groups to elect one spokesperson to share the most important question and most important issue raised by the AIDS video.
- 2:20 p.m. Sharing of questions/issues, responses from facilitator and interaction among participants.
- 2:40 p.m. VIDEO: Dan Morin (history of APLA), intro of on-site visits, NOLP, Our House, Dental Clinic, Hotline and then...

Facilitator announces 2nd break.
- 3:10 p.m. B-R-E-A-K (background music)

APLA Volunteer Orientation Agenda (continued)

- 3:25 p.m. VIDEO: Dan Morin post-on-site comments and intro of personal interviews with volunteers and clients.
- 4:05 p.m. Groups reform to discuss videos and job descriptions.
- 4:15 p.m. Spokesperson shares questions and comments with entire orientation audience. Facilitator fields questions.
- 4:25 p.m. Facilitator provides current information about volunteer program choices (refer to job descriptions).
- 4:30 p.m. VIDEO: Dan Morin introduces Ted Petrella, TP discusses volunteer info packets, agreement form, screening form.
Facilitator passes out appropriate forms.
- 4:35 p.m. Facilitator distributes agreement forms and screening form to participant by name, participants fill out forms, completed forms and job descriptions are turned in to facilitator.
- 4:45 p.m. VIDEO: Ted Petrella discusses role of volunteers in APLA, Dan Morin mentions orientation eval and thx participants.
- 4:50 p.m. Facilitator distributes orientation questionnaires and thanks participants for their interest in volunteering.
- 4:55 p.m. Orientation concludes (participants turn in questionnaire).

SUPERVISOR'S CHECKLIST FOR ORIENTING A NEW VOLUNTEER

BEFORE THE NEW VOLUNTEER ARRIVES:

- ☐ Prepare meaningful tasks for the volunteer's first day
- ☐ Outline job responsibilities
- ☐ Set up work area with basic supplies/resources

FIRST DAY:

- ☐ WELCOME!
- ☐ Introduce new volunteer to other volunteers and staff
- ☐ Show layout of work area including:
 - Restroom(s), Emergency exit(s)
 - Lunchroom
 - Office equipment (i.e., copy machine, etc.)
- ☐ Explain basics of phone and internal mail system
- ☐ Discuss work hours (including breaks and lunch)
- ☐ Discuss procedures (i.e., smoking, phone answering, etc.)
- ☐ Discuss problem resolution: supervisor and/or volunteer coordinator available for help
- ☐ Make someone available to answer questions or for needed information

WITHIN THE FIRST MONTH:

- ☐ Review Job responsibilities
- ☐ Follow-up on new volunteer orientation. If necessary, question volunteer on information they may still feel they are missing



300 "I" Street, NE
Washington, DC 20002
Tel: (202) 544-1076
Fax: (202) 544-0378